

DEC 28 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

42359

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis
 (b) Township St. Ferdinand
 (c) City Jennings, Mo.

Registration District No. 784
 Primary Registration District No. 6030

Registered No. 204

(d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Agnes Richardson

(a) Residence, No. 7137 West Florissant St. ☐
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James B. Richardson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 0 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

13. NAME William O'Keefe

14. BIRTHPLACE (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

17. INFORMANT Harry Richardson
 (ADDRESS) 7137 W. Florissant

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 11/15/37 19.

19. FUNERAL DIRECTOR Edith E. Ambrose
 (ADDRESS) 4234 Manchester Ave.

20. FILED 11-12-37 W. A. Zeitler
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/11/37 19.

22. I HEREBY CERTIFY, That I attended deceased from 9/1/37, 19, to 11/11/37, 19.

I last saw her alive on 11/10/37, 19. Death is said to have occurred on the date stated above, at 11.36 P. M.

The principal cause of death and related causes of importance were as follows:

Cancer of uterus.

Date of onset 1/4/27

Other contributory causes of importance:

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) H. J. Stein M. D.
 (Address) 6815 W. Florissant

(Licensed Embalmer's Statement on Reverse Side)

Paul E. Smith

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck, Licensed Embalmer No. 1284

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____
working under my personal supervision.

Signed _____

Registered Apprentice No. _____

Licensed Embalmer No. 1284

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)